

## Medical Fitness Certificate

"It is certified that Mr./Ms. MISS BASANT employed with  
M/S\_FUTURE RETAIL LTD. involved with coming in direct contact with food items, has been carefully examined  
 by me on date 10/05/19

Name of Associate: \_\_\_\_\_

Associate Code: \_\_\_\_\_  
 (For Existing Associates Only)

DOB	DD	MM	YY	Age (Yrs)	200	Sex (M/F)	M	Phone No.	9	5	3	6	9	3	0	3	1	4
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### Summary of the Investigation Findings:

SN	Investigation Details	Summary of Investigation				
1.	Physical (Including Skin & Eye) Examination Summary	Normal.				
2.	Routine Stool Examination	NAD				
3.	Stool Culture & Sensitivity	NAD				
4.	X-Ray CHEST	No Pathological Lesion seen.				
5.	Sputum Examination	(-ve)				
6.	Typhoid Vaccine	(-ve)				
Vaccination History		<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 15%;">Date of Vaccination</td> <td style="width: 10%;">DD</td> <td style="width: 10%;">MM</td> <td style="width: 10%;">YY</td> </tr> </table>	Date of Vaccination	DD	MM	YY
Date of Vaccination	DD	MM	YY			
7.	(Whether vaccinated for Typhoid Earlier / When?)	_____				

Based on medical examination conducted he/she is (Pls tick (v) appropriate box)

**FIT to work in food establishment** (Found free from any infectious or communicable diseases)

**NOT FIT to work in food establishment.**

- Name of the Medical Examiner: Dr. Jagdish Prasad Mehrotra
- Signature of Medical Examiner: \_\_\_\_\_
- Stamp Of Medical Examiner:
 

Dr. Jagdish Prasad Mehrotra  
 BSc, MBBS DPH  
 Vivekanand Arogya Kendra  
 Regn. 19818
- Registration Number: \_\_\_\_\_
- Date of Medical Conducted: \_\_\_\_\_
- Place: \_\_\_\_\_

# विवेकानन्द आरोग्य केन्द्र

डायग्नोस्टिक एवं ओ.पी.डी.  
भारत विकास परिषद्, महाराणा प्रताप न्यास द्वारा संचालित



## Radiology Report

Name : Ms. Basanti  
Age/Gender : 20 Y/F  
Prescribed Doctor : Self

MR No : MR006807  
Visit ID : OP013996  
Report Date : 10-05-2019 16:09

## X-Ray

### X-RAY CHEST PA VIEW

Bilateral lung fields appears to be clear. No obvious pulmonary parenchymal lesion is seen.

Trachea is central.

Cardiac configuration appears to be normal with normal cardio-thoracic ratio.

Both costo phrenic angles and domes of diaphragm are normal.

Visualized soft tissue and bony thoracic cage appears to be normal.

PLEASE CORRELATE CLINICALLY.

*Seen*  
*Prasad*  
Dr. Jagdish Prasad Mehrotra  
BSc, MBBS, DPH  
Vivekanand Arogya Kendra  
Regn. 19818

*Pawan Joon*  
DR. PAWAN JOON  
MD (Radio-diagnosis)

# विवेकानन्द आरोग्य केन्द्र

466 P, सेक्टर 12 A, नजदीक माधव भवन, गुरुग्राम  
(भारत विकास परिषद् महाराणा प्रताप न्यास, गुरुग्राम द्वारा संचालित)



## उपलब्ध ओ.पी.डी. सुविधाएँ

- हृदय रोग चिकित्सा  
(Cardiology)
- बाल एवं भ्रूण रोग चिकित्सा  
(Paediatrics & Fetal Medicine)
- बाल रोग चिकित्सा  
(Paediatrics)
- स्त्री रोग चिकित्सा  
(Gynaecology)
- हड्डी रोग चिकित्सा  
(Orthopaedics)
- दन्त चिकित्सा  
(Dental Care)
- सामान्य चिकित्सा  
(General Physician)
- फिजियोथैरेपी  
(Physiotherapy)
- चर्म रोग चिकित्सा  
(Dermatology)
- मूत्र रोग चिकित्सा  
(Urology)
- गुर्दा रोग चिकित्सा  
(Nephrology)

## उपलब्ध जाँच

- डायलिसिस (Dialysis)
- अल्ट्रासाउण्ड (Ultrasound)
- ईको (Echo)
- स्ट्रेस ईको (Stress Echo)
- टी.एम.टी. (T.M.T.)
- पी.एफ.टी. (Lung Function Test)
- ई.सी.जी. (E.C.G.)
- ई.ई.जी. (E.E.G.)
- एक्स-रे (X-Ray)
- मैमोग्राफी (Mammography)
- ओ.पी.जी. (Dental X-Ray)
- होल्टर टेस्ट (Holter Test)

Ref. No.: .....

Date: .....

Name of patient: Ms. Basanti	Age: 20	M/F: F
Consultant:	Speciality: Package	
MR No : MR006807	Visit No: OP013996	Date: 10-05-2019

Height - 150.5  
Weight - 44.1  
BMI - 19.51  
BP - 110/78 mm Hg.  
Pulse - 72/min, regular.

NO relevant F/H  
NO P/H of any illness

NO complaints

G/I  
Pallor - nil  
Icterus - nil  
Oedema - nil  
Lymphadenopathy - nil

Syst Exam:  
Chest - chest clinically NAD  
CVS - S1S2, of normal character  
Abdomen - soft  
Lungs & spleen } not palpable.

*Sharma*

Not for Medico Legal Purpose

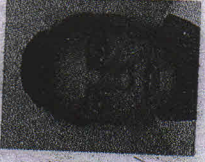
रून एवं मल-मूत्र की जाँच NABL द्वारा मान्यता प्राप्त MolQ लैब द्वारा की जाती है।

सम्पर्क सूत्र: 0124-2224102 / 103 / 104 | Mob.: 8683061905, 8683061906

ओपीडी पर्ची का शुल्क केवल तीन दिन के लिए मान्य रहेगा।



भारत सरकार  
Government of India



बसंती  
BASANTI  
पिता : राम सिंह  
Father : RAM SINGH  
जन्म तिथि / DOB : 26/05/1997  
महिला / Female



6624 0742 5560

आधार - आम आदमी का अधिकार